

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Victory Processing LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2014</b>		
Mailing Address <b>190 Monroe Ave. Ste. 500</b>			Amount <b>9000.00</b>		
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503-2628</b>	Transaction ID : <b>E2550F89CF95143D3A0F</b>		
Purpose of Expenditure <b>IE-Maness-Voter Data</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2014</b>		
Name of Federal Candidate <b>Robert L Maness</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>185145.16</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <b>General 2014</b>		

Full Name of Payee <b>Victory Phones</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2014</b>		
Mailing Address <b>190 Monroe Ave. NW 5th FL</b>			Amount <b>3577.57</b>		
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503-2628</b>	Transaction ID : <b>EEB525CAB0E0E4EDF831</b>		
Purpose of Expenditure <b>IE-Maness-Robo Calls</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2014</b>		
Name of Federal Candidate <b>Robert L Maness</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>185145.16</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <b>General 2014</b>		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>12577.57</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>12577.57</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 02 / 2014**

Signature